



# Massachusetts Department of Environmental Protection Bureau of Air & Waste / Hazardous Waste Program

## Application for Temporary Emergency License to Treat Hazardous Waste Pursuant to 310 CMR 30.861.

**Important:** When completing this form on a computer, use only the Tab key to move your cursor – not the Return key.



Use this form in addition to the required information pursuant to 310 CMR 30.861 to submit an application for a Temporary Emergency License for Treatment of Hazardous Waste. All sections of this form must be completed for it to be accepted by Massachusetts Department of Environmental Protection (MassDEP) as a valid submittal. The Temporary Emergency License issued is only valid for a period necessary to abate the emergency, and in no case shall exceed a period of 90 days from the effective date of the MassDEP written approval. A public notice is required in compliance with the notice provisions of 310 CMR 30.833 or 30.834, whichever is applicable. The Temporary Emergency License may be terminated at any time MassDEP deems such action appropriate to protect public health, safety, or welfare, or the environment, or when MassDEP determines that the emergency has been abated.

**The applicant must receive a written approval from MassDEP before any treatment may take place.**

### I. Generator Information

#### Location Where the Emergency Treatment Will Take Place

Facility Name

Facility Location (Physical Address, Not Mailing Address)

City/Town

MA

State

ZIP Code

Telephone Number

EPA I.D. Number

Generator Status (LQG, SQG, VSQG)

#### Generator Mailing Address

Generator Name, if Different From Above (Doing Business As/Company Name)

Mailing Address

City/Town

State

ZIP Code

Telephone Number

#### Generator's Contact Person

Contact Person Name

Title

Mailing Address

City/Town

State

ZIP Code

Telephone Number

Email Address

#### Facility Owner

Owner's Name

Mailing Address

City/Town

State

ZIP Code

Telephone Number

Email Address

#### Contractor Performing Emergency Treatment

Company Name

Contact Person & Title

Mailing Address

City/Town

State

ZIP Code

Telephone Number

Email Address



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### II. Hazardous Waste Technical Information – Attach Additional Information as Needed

List all the hazardous wastes to be treated, the quantity of waste, size of the container, the hazard posed by the wastes, and the chemical(s) to be used to treat the waste.

Name or Description of Hazardous Waste	Number of Containers	Quantity of Hazardous Waste	Size of the Container	Type of Hazard Posed	Treatment Chemical
<i>e.g., Picric Acid</i>		<i>e.g., Specify grams, kilograms, etc.</i>	<i>e.g., 100 gram bottle, 1 Kg bucket, etc.</i>	<i>e.g., Shock Sensitive, explosive</i>	<i>e.g., Deionized Water</i>

Describe why this is an emergency situation:

Describe the overall condition of the containers listed above and the length of time the materials have been in storage.

### III. Additional Information – Attach as Needed

Check the box to indicate the required information is included in the submission:

	Additional Information Checklist
<input type="checkbox"/>	Safety Data Sheets (SDS): Include copies of SDS or analytical results for each hazardous waste material to be treated.
<input type="checkbox"/>	Scope of Work: Include a scope of work for the project which includes descriptions of the following: <ul style="list-style-type: none"><li>Site preparation information, including:<ul style="list-style-type: none"><li>Site set-up procedures (security, safe distances, etc.);</li><li>Equipment to be used at the site for treatment with equipment specifications; and</li><li>Method and routes of transport of the waste from the current location to the treatment location.</li></ul></li><li>Treatment procedure and information, including:<ul style="list-style-type: none"><li>Procedure for opening the container;</li><li>Procedure for treating hazardous waste;</li><li>Time needed to complete treatment of the hazardous waste; and</li><li>Decontamination procedures.</li></ul></li><li>Temporary holding information after treatment, including:<ul style="list-style-type: none"><li>The length of time the treated waste will be held at the location; and</li><li>The storage area protocol for the treated waste until it is shipped off-site.</li></ul></li><li>Transportation and disposal information, including:<ul style="list-style-type: none"><li>The name of the transporter;</li><li>Packaging and manifesting; and</li><li>Final disposal facility location.</li></ul></li></ul>



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### III. Additional Information — Attach as Needed (continued)

<input type="checkbox"/>	<b>Site Safety Plan:</b> Include a site safety plan which includes the following: <ul style="list-style-type: none"><li>• The location, description, and size of the safety zone and access restriction procedures;</li><li>• A list of all personal protective equipment with its description and location;</li><li>• A list of all material handling equipment including the remote opening equipment with its description and location;</li><li>• Procedures to avoid fires, spills, static electricity, etc. and other hazards dependent on the type of hazard posed by the hazardous waste treatment;</li><li>• Locations and types of fire extinguishers;</li><li>• Locations and types of spill absorbent; and</li><li>• Locations of emergency safety showers, if required.</li></ul>
<input type="checkbox"/>	<b>Site Contingency Plan:</b> Include a contingency plan which lists the following: <ul style="list-style-type: none"><li>• Contingency plan implementation conditions and procedures;</li><li>• Notification lists including contact information/telephone numbers for all safety officials such as, police, fire, ambulance, closest hospital, etc., as well as all other required notifications; and</li><li>• List of all generator and contractor responsibilities</li></ul>
<input type="checkbox"/>	<b>Sensitive Receptors:</b> Include the following information about sensitive receptors <ul style="list-style-type: none"><li>• List of all abutting sensitive receptors such as schools, day care facilities, hospitals and medical centers, nursing homes, etc., including distances from emergency treatment location;</li><li>• Description of actions to be taken to prevent the hazardous waste treatment activity from impacting the sensitive receptors identified; and</li><li>• Include the sensitive receptors on the site map (as described below).</li></ul>
<input type="checkbox"/>	<b>Site Map:</b> Include a site map which indicates the locations of the following: <ul style="list-style-type: none"><li>• Map orientation;</li><li>• Property lines;</li><li>• Buildings;</li><li>• Hazardous waste accumulation area;</li><li>• Hazardous waste treatment area;</li><li>• Exclusion zones;</li><li>• Transport routes for the waste from current location to the treatment area;</li><li>• Sensitive receptors;</li><li>• Abutters; and</li><li>• Nearby drinking water wells, wetlands, and surface waters.</li></ul>
<input type="checkbox"/>	<b>Other Permits &amp; Approvals:</b> Include copies of any other federal, state, or local permits or approvals required for the proposed treatment.
<input type="checkbox"/>	<b>Contractor Qualifications:</b> Include the following information about the contractor's qualifications: <ul style="list-style-type: none"><li>• A summary of the company's relevant experience in hazardous waste treatment</li><li>• List of all individuals, including foreman and any technician or replacement technician, performing the treatment</li><li>• Summary of the qualifications of each individual to perform the described waste treatment activity.</li></ul>

### IV. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Name of Company that Generated the Hazardous Waste being Treated	Name of Company Conducting the Emergency Waste Treatment
Print Name of Authorized Representative	Print Name of Authorized Representative
Signature Authorized Representative	Signature Authorized Representative
Position/Title	Position/Title
Date (MM/DD/YYYY)	Date (MM/DD/YYYY)